PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or $\underline{\underline{\mathcal{D}}}$ ocket Number

10700162

CLAIMS AS FILED - PART I(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			22		100.0].		ATE	FEE	7 I	RATE	FEE
FOR			NUMBER FILED		NILIMAD	NUMBER EXTRA		SIC FEE		1_	BASIC FEE	770.00
			2 0					310 T LL	365.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			Z-Eminus 20= * 2				×	\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS			minus 3 = *				×	(43=		OR	X86=	86
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				+	145=		OR	+290=	
* If	the difference	e in column 1 is	ero, enter	"0" in c	olumn 2	TC	DTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								١		,	OTHER	THAN
		(Column 1)	(Column 2)			(Column 3)	SN	/ALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	X	43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								45=		OR	+290=	
											TOTAL	
		ADDI	T. FEE 🕻		,	ADDIT. FEE						
AMENDMENT B	, , , , , , , , , , , , , , , , , , ,	(Column 1) CLAIMS REMAINING		(Colum	ST	(Column 3)			ADDI-	1		ADDI-
		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	R/	ATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	X4	13=			X86=	
٩	FIRST PRESE	NTATION OF MU	LTIPLE DEPENDENT		CLAIM					OR	/.00-	
								45=		OR	+290=	
								TOTAL .		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RA		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	3-		_	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR							-		OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
**	f the "Highest Nur	mber Previously Pa	id For" IN THIS	SPACE is	less than	20. enter "20."	ADDIT.	OTAL FEE	,	OR A	TOTAL DDIT. FEE	
i	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-875 (Rev. 10/03)